

Michigan Department of Human Services
Bureau of Children and Adult Licensing
 REQUEST OF CHILD CARE FORMS

MAIL REQUEST TO: Department of Human Services Bureau of Children and Adult Licensing 7109 W. Saginaw, 2 nd Floor P.O. Box 30650 Lansing, MI 48909-8150 Fax: 517-335-6121	MAIL FORMS TO: (LICENSEE) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 30px;">Facility Name</td></tr> <tr><td style="height: 30px;">Name</td></tr> <tr><td style="height: 30px;">Street Address</td></tr> <tr><td style="height: 30px;">City/State/Zip</td></tr> <tr> <td style="width: 70%; height: 30px;">License #</td> <td style="width: 30%; height: 30px;">Capacity</td> </tr> <tr><td style="height: 30px;">Phone #</td></tr> </table>	Facility Name	Name	Street Address	City/State/Zip	License #	Capacity	Phone #
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[\[www.michigan.gov/michildcare\]](http://www.michigan.gov/michildcare).
 All BCAL forms and publications may be reproduced.

FAMILY AND GROUP DAY CARE HOMES

NAME OF FORM	FORM #	QUANTITY
Child Information Cards	BCAL-3731	
Licensing Medical Clearance Request (for caregiver only)	BCAL-3704	
Licensing Record Clearance Request (for adult household members)	BCAL-1326	
Medication Permission Slip	BCAL-1243	INTERNET ONLY
Child In-Care Statement	BCAL-3900	
Incident, Accident, Illness, Death or Fire Report	BCAL-4603	INTERNET ONLY
Licensing Rules for Family and Group Day Care Homes	BCAL PUB 724	

DAY CARE CENTERS

NAME OF FORM	FORM #	QUANTITY
Child Information Cards	BCAL-3731	
Licensing Medical Clearance Request	BCAL-3704	
Licensing Record Clearance Request (for program director)	BCAL-1326	
Incident, Accident, Illness, Death or Fire Report	BCAL-4603	INTERNET ONLY
Licensing Rules Child Care Centers	BCAL PUB 8	

BCAL-3305 Health Appraisal (children) - This form can only be downloaded from the Internet (web address above) and copied or ordered from DCH, fax request to **517-335-9855.**